



College of the Holy Cross Accident Report and Investigation Form

Date of Accident: _____ Day of Week: _____ Time: _____ AM/PM

Number of Vehicles Involved: _____ Number of Injured: _____

Vehicle #1

Name of Operator: _____ Phone: _____

Home Address: _____

Campus Address (if any): _____

Date of Birth: _____ Sex: M/F License #/State: _____

Name of Owner: _____ Phone: _____

Home Address: _____

Vehicle ID # (VIN) **required** _____ Vehicle Registration (Plate) & State: _____

Vehicle Make: _____ Model: _____ Year: _____ Color: _____

Insurance Company: _____ Estimated Cost to Repair: \$ _____

Damage to Car: _____

_____ Seat Belt Used? Y/N Parked? Y/N

Vehicle #2

Name of Operator: _____ Phone: _____

Home Address: _____

Campus Address (if any): _____

Date of Birth: _____ Sex: M/F License #/State: _____

Name of Owner: _____ Phone: _____

Home Address: _____

Vehicle ID # (VIN) **required** _____ Vehicle Registration (Plate) & State: _____

Vehicle Make: _____ Model: _____ Year: _____ Color: _____

Insurance Company: _____ Estimated Cost to Repair: \$ _____

Damage to Car: _____

_____ Seat Belt Used? Y/N Parked? Y/N

Property Damage Information ❖

Name of Property Owner: _____ Phone: _____

Home Address: _____

Damage: _____

Witnesses ❖

Name of Witness: _____ Phone: _____

Home Address: _____

Name of Witness: _____ Phone: _____

Home Address: _____

Passenger Information ❖

Name of Passenger: _____ Vehicle ____ Phone: _____

Home Address: _____

Name of Passenger: _____ Vehicle ____ Phone: _____

Home Address: _____

Name of Passenger: _____ Vehicle ____ Phone: _____

Home Address: _____

Name of Passenger: _____ Vehicle ____ Phone: _____

Home Address: _____

Injured Parties ❖

Name of Injured Party: _____ Vehicle #: _____

____ Operator ____ Passenger ____ Pedestrian ____ Bicyclist ____ Other (specify): _____

Home Address: _____ Phone #: _____

Transported: Y/N ____ Ambulance ____ HC Cruiser ____ Other (specify): _____

Hospital: _____ Treated by: _____

Name of Injured Party: _____ Vehicle #: _____

____ Operator ____ Passenger ____ Pedestrian ____ Bicyclist ____ Other (specify): _____

Home Address: _____ Phone #: _____

Transported: Y/N ____ Ambulance ____ HC Cruiser ____ Other (specify) _____

Hospital: _____ Treated by: _____

Statements ❖

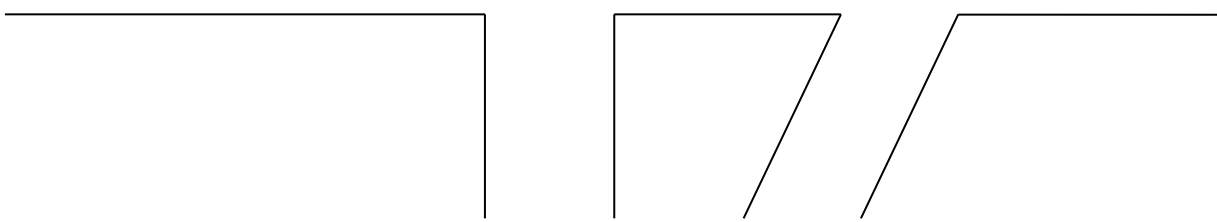
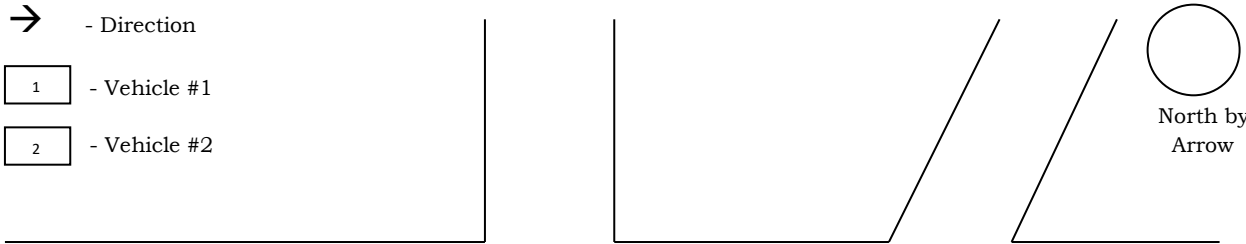
Statement of Operator: _____

Please attach any witness statements.

Name of Investigating Officer: _____ Badge #: _____

Accident Diagram ❖

Please draw a diagram of the roadway or streets where the accident occurred, identifying streets or landmarks and indicating the vehicles involved and directions using the following symbols:



Operator Signature

Date